

I think it is important to remember that today's fighting men and women are tomorrow's veterans.

A recent issue that highlights the challenges facing rural veterans is the CARES Commission's recommendation recently that the West Texas VA health system, the VA hospital in Big Spring, Texas, should be closed.

I represented Big Spring up until the redistricting in 2001 removed it from my district, but now my interest in this issue is just as strong today as it was when I represented Big Spring. Most of the population that uses the Big Spring VA center is to the east, specifically in the population areas around Abilene and San Angelo where two Air Force bases fuel the veteran and retiree residents.

Given this fact, it only takes plain common sense to see that the Big Spring VA is well-positioned to keep the promise made to our veterans and military retirees for health care.

I have had some folks ask me why we are in such the forefront of this challenge. My answer to them was three-fold: So many of the veterans in my district are treated in the Big Spring VA hospital; all the veterans and military retirees of this country deserve the best health care and benefits we can give them; and that we are in very much dedicated to seeing that just that happens.

I was pleased to participate in a meeting with VA Secretary Anthony Principi that was called by Senator KAY BAILEY HUTCHISON. The meeting was very productive and allowed me to assert my belief that the Big Spring VA needs to be both kept opened and strengthened for rural veterans of West Texas.

I understand the need for our government agencies to periodically review missions, goals and facilities, but such reviews need to be deeper than number crunching.

Mr. Speaker, I am proud to stand in support of the bill. I believe it goes a long way to getting more people to recognize the importance of health care for rural veterans, as well as all veterans.

#### INTRODUCTION OF RURAL VETERANS ACCESS TO CARE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nebraska (Mr. OSBORNE) is recognized for 5 minutes.

Mr. OSBORNE. Mr. Speaker, I would like to thank the gentleman from Texas for his kind words and his support. The gentleman from Texas (Mr. STENHOLM) and I share very similar Districts, very large districts.

My district has 68 counties, 160,000 square miles. It is the third or fourth largest district in the United States. As a result, veterans who need health care must often travel several hours, sometimes hundreds of miles, to access VA health care. Sometimes this is as much as a 3-day trip, a day down, a day

at the facility and a day back, and the problem is that usually transportation is very difficult to access. A person has to have a son or a daughter or a friend or somebody who can take off work for 2 days or 3 days to provide that transportation. So it is a tremendous hardship on a number of people.

Often, all a veteran needs is to adjust medication, have a blood pressure test, receive an EKG or take a blood analysis. So these are very simple, routine matters that still take tremendous resources to have attended to. Routine medical care could be handled at the local hospital or clinic where that person resides or near where that individual resides, and this would require minimal travel time, minimal waiting time for an appointment because sometimes these appointments, you have a waiting time of 3, 4, 5, 6 months and also minimal expense.

So I looked at various options to address this problem and developed H.R. 2379, the Rural Veterans Access to Care Act. H.R. 2379 would encourage the VA to use its authority to contract for routine medical care with local providers for geographically remote veterans who are enrolled in the VA. They must be enrolled in the VA previously in order to access the provisions of this bill.

So how will it be funded? The VISN director will use the funding for acute or chronic symptom management, non-therapeutic medical services and other medical services as determined appropriate by the director of the VISN after consultation with the VA physician responsible for primary care for the veteran.

H.R. 2379 sets aside 5 percent of the appropriated VA medical care allocation in each VISN to be used for routine medical care for geographically remote veterans. We are talking about taking just 5 percent of the funding and setting it aside for veterans who live at some significant distance from a VA facility.

H.R. 2379 uses 60 minutes travel time or more as an initial determinant, but there is also an exception to the legislation if the VA finds it is a hardship for a veteran to travel to a VA facility, regardless of how long it will take. It is conceivable that somebody might live only 30 or 40 minutes away but because of age or severity of illness or whatever it may be much more convenient to attend a closer facility that would enhance that person's health.

I want to assure veterans, this legislation is not a voucher program. My legislation allows only enrolled veterans who have been approved by the VA to seek routine care from a local provider.

Reducing demands for routine care could also help with appointment backlogs in VA facilities, which are significant at this time.

According to the CARES Commission report, the benefits of contracting are, it can add capacity and improve access faster than can be accomplished

through capital investment. In other words, building new facilities is not nearly as efficient as letting them use preexisting local clinics or hospitals. It provides flexibility to add and discontinue services as needed and allows VA to provide services in areas where the small workload may not support a VA infrastructure, which is very much the case in my district and in the gentleman from Texas' (Mr. STENHOLM), and this was for highly rural veterans.

During the hearings, the CARES Commission received testimony stating that contracted care improves access and that there was little dissatisfaction with contracted care. Therefore, I urge my colleagues to support H.R. 2379 and help our rural veterans as they access VA health care.

The SPEAKER pro tempore (Mr. BURGESS). Under a previous order of the House, the gentleman from Colorado (Mr. MCINNIS) is recognized for 5 minutes.

(Mr. MCINNIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### IN SUPPORT OF RURAL VETERANS ACCESS TO HEALTH CARE ACT OF 2003

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Hawaii (Mr. CASE) is recognized for 5 minutes.

Mr. CASE. Mr. Speaker, good evening and aloha.

I am very happy to stand on the floor of the House today and join my colleagues the gentleman from Nebraska (Mr. OSBORNE), the gentleman from Texas (Mr. STENHOLM) and many others in introducing the Rural Veterans Access to Health Care Act of 2003.

We are all very well aware of the commitment that we have made, at least in principle, although the practice has been lacking of recent years, but the principle that we will take care of veterans when they come home. The truth, however, is that as we try to honor that principle and the practice, the equality of access to health care throughout our country is inconsistent, and this is most particularly true in the rural areas of our country. In these areas, our veterans simply do not have the same level of access to the veterans' health care as they do in the urban areas.

This is true in Hawaii's 2nd District, which is a rural area of our country, just as others are, but we have a little wrinkle in the 2nd Congressional District that creates a unique complication. The wrinkle is that my district is not contiguous. It is made up of islands. It is not possible for the veterans of my district to hop on the nearest road and get to the nearest clinic. It is not possible for the most part for my veterans to hop on the nearest ferry to get to the nearest clinic. Their access is by air.

There are some VA medical clinics on many of the islands that I represent. Of the seven inhabited islands, four have VA clinics; three do not. The islands of Molokai, Lanai and Niihau do not, and these are the particular problems that this bill seeks to address.

But it is not limited only to those islands. For the islands that do have VA clinics do not have the large specialized hospitals. There is only one of them on the island of Oahu. So for six out of the seven islands, the veterans that live on those islands have a particular difficulty in getting to treatment when they need it, and with airfares rising rapidly, with a round trip now well over \$200 in some cases, we can see that the problem is quite evident.

Let me give my colleagues just a real life example, one proud veteran who I have gotten to know over the last couple of years, a gentleman by the name of Patrick Esclito, of the island of Lanai. Pat asked for my office's help last year. He had rheumatoid arthritis and had also suffered a massive heart attack in 2002. His condition required him to drive from Lanai, one of the smallest, most isolated areas, to Oahu where he was able to be cared for. Every time he went there he had to pay almost \$300 in airfare and his wife as well because they did not want him to travel alone.

As my colleagues can understand, he needed assistance in getting the basic health care that was promised to him by our country, and we were successful, in part, by accommodating the possibility that he would be treated instead on the island of Maui, which still requires a boat ride at least, not quite as expensive, but he still has to get there, and I doubt that Pat's case is unique. It is certainly not unique in the remainder of the 2nd District of Hawaii.

I surveyed all of the veterans in my district currently retaining or receiving benefits in the last couple of months and asked them what is on your mind the most. Every single one of them said health care, access to health care. That is what it is all about, and I am sure that this is the case in most of the rural and more isolated areas of our country.

We are going to have a great debate this Congress, as we did last Congress, over the overall adequacy of our treatment of our veterans, over the overall adequacy, both this year and in the next 5 years at least, in terms of the budget, in terms of the projections on many aspects of veterans' care, primarily health care.

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And that debate is a debate that we should have. Because, again, it is one thing to express a principle and it is another thing to practice that principle. But as we go through this debate, I am happy to say that on the floor of the House tonight at least we have bipartisan agreement that one area that we have to focus on, and that we are fo-

cusing on in this bill, is our rural veterans, recognizing the unique problems that they have in access to basic health care.

Mr. Speaker, I rise today to join 52 of my colleagues in support of this vital bill, a bill that will help keep our Nation's promise to its veterans who live in our more isolated, rural areas.

We are all well aware of the commitment we all, as a great country, have made to our veterans. However, the truth is that our ability to deliver on this commitment varies throughout the United States. Most particularly, in rural areas of the country, our veterans simply do not have reasonable access to veterans' clinics.

The veterans of Hawaii's Second District have this very challenge, but with a unique complication. This is because my district is not contiguous, but composed of seven inhabited islands in the middle of the Pacific Ocean.

There are VA medical facilities on only four of those islands, and it is not possible for those veterans who live on the remaining islands of Molokai, Lanai, or Niihau to drive to a clinic. The same is true of those living on the remaining islands with clinics; they must travel to Honolulu for more advanced treatment.

Currently, the VA will reimburse all veterans for travel to service-related injuries, but it will not reimburse travel for those veterans with less than 30 percent disability rating for non-service-related injuries. This would be the case, for example, of a veteran who has a bad back, a service-related injury, who then has to have dental work.

Let me give you a real-life example of one proud veteran, Patrick Esclito, who lives on the Island of Lanai. Pat requested my help last year; he was afflicted with rheumatoid arthritis and had also suffered a massive heart attack in 2002. His condition required him to travel to the Island of Oahu for treatment at a cost close to \$300 per roundtrip. His wife traveled with him—another almost \$300—because they were both concerned with his traveling alone. My office assisted him in receiving approval for treatment instead on the Island of Maui. However, he still must pay for travel by boat from Lanai to Maui because his ailments are not service-related.

Pat's case is not unique. There are 120,000 veterans living in the State of Hawaii, and many live in areas with no easy or even adequate access to the VA health clinics to which they are entitled. Throughout my Second District, with the cost of air travel skyrocketing, it costs \$200 or more for a round trip plane ticket between Hawaii's islands.

This is why, when, last year, I surveyed all veterans in my district who are currently receiving VA benefits, and asked them what was and was not working, their number one issue by far was access to health care. I am sure that this is the case in most rural areas of our country.

This bill will allow all veterans to receive adequate access to health care, regardless of where they live in this great country. Nonetheless, the President's 2005 Veterans' Affairs budget provides \$29.8 billion for appropriated veterans programs, \$257 million below the amount that the Congressional Budget Office estimates is needed to maintain purchasing power at the 2004 level. The picture is even worse after 2005. Taking into account inflation,

but not caseload increases, the administration's figures reveal that over the next 5 years, the budget for appropriated programs for veterans is \$13.5 billion below the amount needed to maintain programs and services at the 2004 level. Even the Secretary of Veterans' Affairs has admitted that the funding levels for 2006 through 2009 in the President's budget may not be realistic. I have no doubt that it will be the rural veterans who will be affected the most.

Contrary to what some critics claim, H.R. 2379 will not harm the Veterans' Affairs (VA) healthcare system. Instead, this bill will enhance access to healthcare for veterans who have earned it, but are having to pay to travel to that care. Furthermore, by contracting locally for health care for enrolled veterans, the rural communities that provide these services will benefit economically. H.R. 2379 is a necessary bill to truly fulfill this country's obligation to all veterans.

Mr. Speaker, as the President has repeatedly declared: "We are currently a country at war." Hundreds upon thousands of this Nation's finest men and women are abroad in support of the Global War on Terrorism. Some 4,500 soldiers from the 25th Light Infantry Division from Schofield Barracks in Hawaii have deployed to Iraq; another 5,400 soldiers from the 25th will soon be deployed to Afghanistan. Reservists and Guard members from my State, many from my Second District, are also serving on Active Duty.

What kind of message does our country's failure to provide access to healthcare for rural veterans send to the thousands of American men and women in uniform currently risking their lives overseas? Our veterans and our future veterans serving overseas deserve better. If we value all our veterans, we need to give them the respect they deserve by properly funding full and adequate access to healthcare for each and every one.

#### RURAL VETERANS HEALTH CARE

The SPEAKER pro tempore (Mr. BURGESS). Under a previous order of the House, the gentleman from Nebraska (Mr. BEREUTER) is recognized for 5 minutes.

Mr. BEREUTER. Mr. Speaker, this Member rises today to join the distinguished gentleman from Nebraska (Mr. OSBORNE) in his Special Order to highlight the health care challenges that rural veterans face when attempting to access care through the Department of Veterans Affairs.

For many years, this Member has been far from satisfied with various actions of the U.S. Department of Veterans Affairs, such as, one, the use of the health care allocation formula instituted by the Clinton administration and continuing to this day, which in effect penalizes veterans in sparsely settled States like Nebraska; number two, the reorganization of the Nebraska-Iowa region into a larger region headquartered in the Twin Cities of Minnesota; three, the end of inpatient hospitalization in the Lincoln and Grand Island, VA hospitals; and, four, the current procedural difficulties for veterans to have prescriptions filled.

In total, these faulty decisions have amounted to discrimination against